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# A BILL FOR AN ACT

RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds that Act 153, Session  
2 Laws of Hawaii 2018, requires all prescribers of controlled  
3 substances to query the electronic prescription accountability  
4 system, prior to issuing a prescription for certain controlled  
5 substances, to reduce the risk of abuse of or addiction to a  
6 controlled substance. The electronic prescription  
7 accountability system, also known as the prescription drug  
8 monitoring program, is a useful tool for health care providers  
9 when determining which controlled substances a patient has been  
10 prescribed.

11       The legislature notes that although prescribers have taken  
12 steps to implement this law, some concerns have been raised  
13 about the applicability of the law to certain patient  
14 populations. The legislature believes that the law should not  
15 apply in inpatient settings, where a patient is in a hospital or  
16 nursing home and is directly administered a prescription under  
17 the supervision of a health care provider. The law should also



1 not apply to initial prescriptions for patients being treated  
2 for post-operative pain with a limited three-day supply, which  
3 is consistent with a 2016 recommendation on acute pain  
4 management by the federal Centers for Disease Control and  
5 Prevention. An exemption for hospice patients is also  
6 appropriate to reduce barriers to this end-of-life choice. By  
7 definition, a patient electing hospice typically has only six  
8 months or less to live. Therefore, requiring a health care  
9 provider to consult the electronic prescription accountability  
10 system under these circumstances may cause a delay in the  
11 provision of appropriate care to the patient.

12 The legislature additionally finds that existing law  
13 requires prescribing health care providers to adopt and maintain  
14 informed consent policies for opioid therapy patients.  
15 Providers have since adopted these policies; however, concerns  
16 have been raised about requiring a patient to complete the  
17 informed consent process in certain situations, such as where  
18 the patient is in intensive care, is being monitored, or  
19 otherwise lacks the capacity to provide consent.

20 The purpose of this Act is to:



1 (1) Specify that a health care provider shall not be  
2 required to consult the electronic prescription  
3 accountability system when a patient is in an  
4 inpatient setting, in post-operative care, or has a  
5 terminal disease and is receiving hospice or other  
6 palliative care; and

7 (2) Clarify that an informed consent agreement is not  
8 required for patients whose prescription will be  
9 directly administered under the supervision of a  
10 health care provider.

11 SECTION 2. Section 329-38.2 Hawaii Revised Statutes, is  
12 amended by amending subsection (b) to read as follows:

13 "(b) No prescriber shall prescribe a schedule II, III, or  
14 IV controlled substance without first requesting, receiving, and  
15 considering records of the ultimate user from the state  
16 electronic prescription accountability system as needed to  
17 reduce the risk of abuse of or addiction to a controlled  
18 substance, as needed to avoid harmful drug interactions, or as  
19 otherwise medically necessary; provided that this subsection  
20 shall not apply to[+] any prescription:



1 (1) ~~[Any prescription for]~~ For a supply of three days or  
2 less that is made in an emergency situation, by an  
3 emergency medical provider, or in an emergency room;  
4 ~~[and]~~

5 (2) ~~[Any prescription written]~~ That will be administered  
6 directly to a patient under the supervision of a  
7 health care provider licensed to practice within the  
8 State; provided that a medically-indicated query of  
9 the electronic prescription accountability system is  
10 made when the patient is initially admitted for  
11 inpatient care at a hospital;

12 (3) That is an initial prescription for a patient being  
13 treated for post-operative pain; provided that the  
14 prescription is limited to a three-day supply with no  
15 refills;

16 (4) For a patient with a terminal disease receiving  
17 hospice or other types of palliative care; provided  
18 that for purposes of this paragraph, "terminal  
19 disease" means an incurable and irreversible disease  
20 that will, within reasonable medical judgment, produce  
21 death within six months; or



1        (5) Prescribed while the state electronic prescription  
2                    accountability system is nonfunctional."

3        SECTION 3. Statutory material to be repealed is bracketed  
4 and stricken. New statutory material is underscored.

5        SECTION 4. This Act shall take effect on July 1, 2019.



**Report Title:**

Electronic Prescription Accountability System; Hospice;  
Palliative Care; Exemptions

**Description:**

Specifies that a health care provider shall not be required to consult the electronic prescription accountability system for patients when the prescription will be directly administered under the supervision of a health care provider; provided that the system is consulted when the patients are initially admitted at a hospital; for patients in post-operative care with a prescription limited to a three-day supply; or for patients with a terminal disease receiving hospice or other palliative care.  
(SD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

